

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece,</li> </ul>		<p>A. Signature  <b>X Officer L. Gray LCSO</b> </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <b>12-06-07</b></p> <p>Address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> delivery address below: <input type="checkbox"/> No</p>	
<p>Tommy Boswell  Russell Co. Sheriff  P. O. Box 640  Phenix City, AL 36868</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>3:07cv965 (cuplamlcuplsmo)  2. Article Number  (Transfer from service label)</p>		<p>7007 1490 0000 0026 5384</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

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<p>Lt. Loretta Holland  Russell Co. Jail  P. O. Box 640  Phenix City, AL 36868</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>3:07cv965 (cuplamlcuplsmo)  2. Article Number  (Transfer from service label)</p>		<p>7007 1490 0000 0026 5377</p>	
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11111111111111111111 Nurse Tina Riley-Pelfrey Russell Co. Jail P. O. Box 640 Phenix City, AL 36868		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <b>7007 1490 0000 0026 5360</b>	
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11111111111111111111 Senior Doctor Stu Warr Russell Co. Jail P. O. Box 640 Phenix City, AL 36868		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <b>7007 1490 0000 0026 5353</b>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	